

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	102/1e		06-15-01
O.I.P.E. CLASSIFIER			0724/01
FORMALITY REVIEW	H.S	866	08-09-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	1/14/01
2	1/14/01
3	1/14/01
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8	1/14/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here